


**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The State of Montana self-insured employee health benefit plan has a duty to safeguard and protect the privacy of all plan members' personally identifiable health information that is created, maintained, sent or received by plan employees or persons under our control.

➡ The State of Montana self-insured health plan has contracts with multiple business associates. Business associates do claims processing and perform other health-related services associated with the plan such as counseling, psychological services and pharmaceutical services, etc. The State of Montana self-insured plans business associates and health care provider(s) also protect a plan member's personally identifiable health information from inadvertent, improper or illegal disclosure.

➡ The State of Montana self-insured health plan in administering plan benefits shares and receives personally identifiable medical information concerning plan members as required by law and for routine transactions concerning eligibility, treatment, payment(s), healthcare operations, claim processing, including review of payments, claims denied, appeals of payments or claims denied, premiums paid, liens and other reimbursements, health care fraud and abuse detection and compliance. Information concerning those areas may be shared between State of Montana Health Care & Benefits authorized employees, their supervisors and our business associate(s), members' provider(s) or legally authorized governmental entities without a member's written consent.

For example, payment claims for treatment for an illness has been denied. The member disputes the denial. Information about the member's treatment and the claims denied can be transmitted by the State of Montana's claims administrators, to a State of Montana Health Care & Benefits employee, their supervisor(s) or attorney at Health Care & Benefits for review in order to evaluate and reconsider the denial of payment. The information will be used only for the legally permissible purpose it was disclosed, i.e. review of the claims denial. The information will be destroyed as soon as it is no longer needed or as required by statute.

 The State of Montana offers its enrolled plan members focused case management, disease management, and health coaching services. These services are provided by professionals (Health Care & Benefits Division and Wellness Program) or contracted vendors. These professionals work with Plan Participants who can benefit from these services as well as their attending physician, and/or their family to identify and arrange the most appropriate, effective, and cost-efficient treatment possible. Services are focused on Plan Participants identified as having:

a catastrophic illness or injury; or

significant medical risks; or

chronic health care needs, which can be reduced through prevention; or

disease management; or

needs for wellness promotion and/or health coaching.

Plan Participants will be identified through analysis of information, such as medical/pharmaceutical claims data, and/or wellness screening results to determine who is most likely to benefit from these services. You or an adult family member enrolled in a State of Montana health plan offering will be individually contacted by a care professional if you (or the enrolled family member) qualify. Program provisions require that the care professional which provides these services keep all claims data and other medical information strictly confidential. When offered focused case management, disease management, or health coaching services, Plan Participants are encouraged to give them careful consideration, but are free to reject some or all proposals or advice. Use of these services is voluntary and free of charge to State of Montana Plan Participants.

For example, these services can permit treatment options not normally available under The State of Montana plan through plan exceptions. The State of Montana plan may, at its sole discretion, make payment for medical or dental services that are not listed as covered services or benefits of this Summary Plan Document in order to provide quality care at a lesser cost. Such payments shall be made only upon mutual agreement by the Plan Participant and The State of Montana plan;

Any other non-routine disclosures of personally identifiable health information or disclosure to third parties will be done only with the member or member's legally authorized representative's written authorization. Written authorization is required for psychotherapy notes or marketing

purposes. A form authorization is available upon request from the campus benefits representative. The authorization may be revoked in writing.

An individual member has the right to request restrictions on disclosure of their protected health information, but the health plan does not have to agree to the restrictions. An individual member has a right to receive, inspect, amend and have a paper copy and paper accounting of their protected health care information, except where restricted by law. All electronic and paper copies of records containing personally identifiable health information will be created, stored and transmitted to and from State of Montana benefits employees, and those under their control, business associates and providers by means designed to protect the information from any inadvertent, improper or unlawful disclosure or attacks on computer security where files are maintained electronically.

➡ The State of Montana self-insured health plan will abide by this notice upon publication and distribution of it. The State of Montana reserves the right to amend this notice. Amendments will be distributed by mail and/or electronically. If a member believes their privacy rights have been violated they have the right to file a complaint with the U.S. Secretary of Health and Human Services and/or to The State of Montana self-insured health plan. Complaints can be sent to The State of Montana in a simple, informal letter format. Complaints, questions or requests for more information from The State of Montana can be sent to the attention of The State of Montana Health Care & Benefits Division, PO Box 200130 Helena MT 59620-0130, and telephone number (406) 444-7462. Be assured that an individual plan member will not be retaliated against for filing a complaint.